


Entered -11-18-00 - sb
CL 00L0709 - GWENDOLYN BURNS

CLAIM OF:

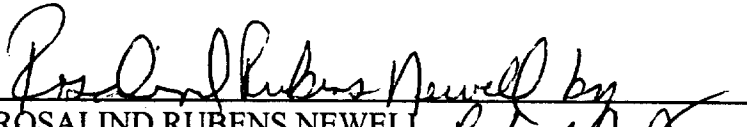
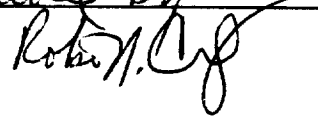
LAWRENCE E. ANDERSON
3833 Merryweather Trail
Austell, Georgia 30106

01-  -1628

For damages alleged to have been sustained when a mailbox was damaged during a garbage pick up on October 20, 2000 at 1379 Plaza Avenue.

THIS ADVERSED REPORT IS
APPROVED

BY:


ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY 

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0709

Date: September 24, 2001

Claimant /Victim LAWRENCE E. ANDERSON
BY: (Atty) (Ins. Co.) _____
Address: 3833 Merryweather Trail, Austell, Georgia 30106
Subrogation: _____ Claim for Property damage \$ 300.00 Bodily Injury \$ _____
Date of Notice: 11/8/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 10/20/00 Place: 1379 Plaza Avenue
Department PUBLIC WORKS Division Solid Waste Services
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant sustained property damage when his mailbox was struck by a sanitation truck during a garbage pickup. However, the claimant has failed to pursue his claim.

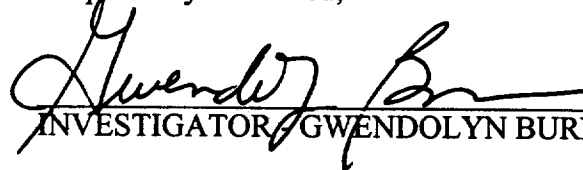
INVESTIGATION:

Statements: City employee X Claimant _____ Others _____ Written _____ Oral X
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

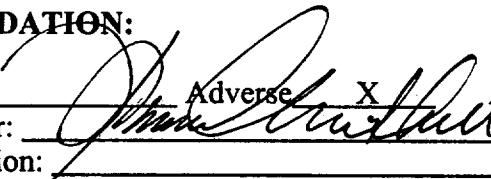
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned X

Respectfully submitted,


INVESTIGATOR, GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 09-26-01
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
CLERK OF COUNCIL
City Hall
68 Mitchell Street, S.W.
Atlanta, GA 30335

RE: CLAIM FOR DAMAGES

TODAY'S DATE:

10/21/00

Dear Sir:

This is to notify the City of Atlanta that I have suffered damages in the sum of \$ 300 property and/or \$ bodily injury for which I contend the City is liable.

ENTERED - 11-18-00 - SB

00LO709 - GWEN BURNS

1. Date of incident: 10/20/00
(month day year)
2. Police called X
(yes) (No)
3. Location of incident: 1379 PLAZA AVE Atlanta GA 30310
4. Name of your insurance company: ALLSTATE Policy #
5. State what and how incident occurred: Solid Waste DISPOSAL Truck "Backed into My Brick & Mason Mail Box Completely destroying the Box"
(use other side if necessary)
6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE STATEMENTS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages. Complete the following and attached two (2) estimates of repair.

Your vehicle: _____
(make) (year) (tag#) (driver's name)

City vehicle: _____
(make) (driver's name) (department)

8. Witness: _____
(name) (address) (phone)

9. The acknowledgment of this claim in no way waives the Governmental Immunity of the City of Atlanta, as granted by State Law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT!

10. THIS CLAIM SHOULD BE MAILED IMMEDIATELY TO THE ADDRESS SHOWN ABOVE

LAWRENCE E. ANDERSON (SEAL)
Lawrence E. Anderson (claimant)
3833 Merryweather Trl (address)
Austell GA 30106
(city) (state) (zip)

770-4380447 (home) 770-438-0752 (work)
(phone)